

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/575758

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	/		/			
9	/		/			
10	/		/			
11	2		2			
12	/		/			
13	/		/			
14	/		/			
15	/		/			
16	/		/			
17	/		/			
18	/		/			
19	/		/			
20	0		1			
21	0		0			
22	0		1			
23			0			
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49						
50						
TOTAL IND.	14	↓	14	↓		↓
TOTAL DEP.	9 ←	32 ←		←		←
TOTAL CLAIMS	23		46			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS						